

Please type or print in ink.

2010 MAR 15 AM 8:17

A Public Document

2010 MAR -9 PM 1:23

NAME (LAST)		(FIRST)		(MIDDLE)		DAYTIME TELEPHONE NUMBER	
MOSS		VERN		D			
MAILING ADDRESS (Business Address Acceptable)		STREET		CITY		STATE	
						ZIP CODE	
						OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

COUNTY OF MADERA

Division, Board, District, if applicable:

BOARD OF SUPERVISORS

Your Position:

COUNTY SUPERVISOR

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: SEE ATTACHED LIST

Position: COMMISSIONER

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of MADERA

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: ____

4. Schedule Summary

► Total number of pages including this cover page: 13

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-9-10
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

**BOARD OF SUPERVISORS
COMMITTEE MEMBERSHIPS
(01/13/2009)**

DISTRICT 2-VERN MOSS

Board Legislative Committee (01/08/2008)
California Womens facility Citizens Advisory Committee (01/08/2008)
Children & Families Commission (01/02/2001)
Community Action Partnership of Madera County- Alternate (01/08/2008)
County Services Medical Program Governing Board – (12/31/2008)
CSAC Policy Committee-Ag & Natural Resource-(01/09/2007)
CSAC Policy Committee-Government Finance and Operations (1/4/2000)
Local Agency Formation Commission (LAFCO) (01/08/2008)
Madera Co. Transportation Commission – (01/02/2007)
National Association of Counties (NACo) Delegate (01/09/2007)
National Association of Counties (NACo) –Ag and Rural Affairs Steering Committee
(8/21/2003)
Regional Council of Rural Counties (01/05/1999)
Regional Council of Rural Counties Environmental Services Joint Powers Authority – (2009)
San Joaquin Valley Rail (02/07/2006)
Solid Waste Advisory Board (01/05/1999)
Solid Waste Enforcement Independent Hearing Panel (01/05/1999)

BOARD MEETS AS:

Flood Control & Water Conservation Agency (monthly)
In Home Supportive Services (as needed) (Vice Chairman)
Public Financing Authority (monthly)
Madera County Redevelopment Agency (as needed)
Madera County Industrial Development Authority (as needed)

PAST PARTICIPATION:

California High Speed Rail Authority (1/5/1999)
Caltrans Rail Task Force San Joaquin Steering Committee (01/05/1999)
County Logo Committee (4/20/1999)
CSAC Policy Committee-Ag & Natural Resources (01/05/1999)
CSAC Board of Directors – Director – (10/31/2006)
CSAC Board of Directors – Alternate (11/2005)
Eastern Madera County Water Oversight Advisory Committee-Alternate (2003)
Economic Development Commission Loan Committee
Finance Committee - Government Center/Hall of Justice (01/02/2001)
Flood Control & Water Conservation Advisory Committee – Vice Chair (02/07/2006)
Foreign Trade Zone Advisory Board (01/05/1999)
Fresno County Railroad Committee (01/05/1999)
Fresno Madera Area Agency on Aging - Alternate (01/05/1999)
Government Center Site Selection Committee (02/09/1999)
Interagency Children & Youth Services Council (01/05/1999) (Alternate)
Local Agency Formation Commission-Alternate (01/05/1999)
Madera County and City Technical Advisory Committee (2003)
Madera County Transportation Authority – (01/02/2007)
Native American Liaison Committee (01/02/2007)
Madera County Economic Development Commission (01/05/1999)
Madera County, Cities of Chowchilla & Madera Revenue Sharing Technical Advisory Committee (2003)
Planning Committee for the New Govt. Ctr. and Hall of Justice (5/11/1999)
Redevelopment Committee (w/Gordon Skeels & Herman Perez) (04/27/1999)
Road Impact Fee Committee (01/09/2007)
San Joaquin Valley Counties – Strategic Economic Development Plan (06/01/1999)
SB 621 Indian Gaming Local Community Benefit (01/02/07)
Water Oversight Committee (11/16/1999)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

► NAME OF BUSINESS ENTITY
Piedmont Natural Gas Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Gas Company

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Peabody Energy Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
AT&T Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Vectren Utility Holdings, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Utility

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other **Senior Monthly Notes** _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Southern Co

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Electric Utility

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Microsoft Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

▶ NAME OF BUSINESS ENTITY
Clorox Co

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Household Products

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Oracle Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intel Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Exxon Mobil Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Oil/Power

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Pfizer Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Prescription Drugs

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Pepsico Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Soft drinks production and distribution

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY
Wal Mart Stores Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Department Store Chain

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/09 ____/_____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Bristol Myers Squibb Co

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/09 ____/_____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Chevron Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Oil/Power

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/09 ____/_____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Royal Dutch Shell Pic

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Oil/Power

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/09 ____/_____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/09 ____/_____/09
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/09 ____/_____/09
ACQUIRED DISPOSED

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____
--

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Citibank

ADDRESS (Business Address Acceptable)

100 Robertson Blvd. Chowchilla, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF SOURCE

Russell Harris

ADDRESS (Business Address Acceptable)

22782 Road 9, Chowchilla, CA 93610

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Farming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 11 / 09</u>	<u>\$ 75.00</u>	<u>Christmas Basket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Monte Pistoresi

ADDRESS (Business Address Acceptable)

113 North R Street, Madera, CA 93637

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pistoresi Ambulance Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 26 / 09</u>	<u>\$ 90.00</u>	<u>Lifetime Achievement</u>
<u> / / </u>	<u>\$</u>	<u>Awards dinner</u>
<u> / / </u>	<u>\$</u>	<u>2 tickets at \$45 each</u>

► NAME OF SOURCE

Joe Alberta

ADDRESS (Business Address Acceptable)

46575 Road 417 C, Coarsegold, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Indian Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 29 / 09</u>	<u>\$ 60.00</u>	<u>Grizzlies game ticket</u>
<u>5 / 29 / 09</u>	<u>\$ 5.00</u>	<u>Parking ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Waseem Ahmed

ADDRESS (Business Address Acceptable)

18208 Avenue 24, Chowchilla, CA 93610

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Oil Retail (gasoline)/Truck Stop

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 13 / 09</u>	<u>\$ 100.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Ray Barragan

ADDRESS (Business Address Acceptable)

228 Robertson Blvd. Chowchilla, CA 93610

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance Sales

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 3 / 09</u>	<u>\$ 80.00</u>	<u>2 baseball tickets at</u>
<u> / / </u>	<u>\$</u>	<u>\$40 each</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Ashn Jain, Chevron Energy Solutions

ADDRESS (Business Address Acceptable)

23 Nevada, Irvine, CA 92606

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 19 / 09</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

▶ NAME OF SOURCE <u>Regional Council of Rural Counties</u>
ADDRESS (Business Address Acceptable) <u>1215 K Street, Suite 1650</u>
CITY AND STATE <u>Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): <u>1</u> / <u>1</u> / <u>09</u> - <u>12</u> / <u>31</u> / <u>09</u> AMT: \$ <u>2,702.14</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Travel reimbursement</u>

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: _____

FILED
MADERA COUNTY

SCHEDULE E

Income - Gifts

2010 MAY 18 ~~Travel~~ Payments, Advances,
and Reimbursements

REBECCA MARTINEZ
COUNTY CLERK

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE

Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1650

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 1 / 1 / 09 - 12 31 / 09 AMT: \$ 2,702.14
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Travel Reimbursement

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Verification

Print Name VERN D. MOSS

Office, Agency or Court SUPERVISOR, DISTRICT 2, MADERA COUNTY

Statement Type ☐ 2009/2010 Annual ☐ Assuming ☐ Leaving
☒ 2009 Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5-18-10
(month, day, year)

Signature _____

Comments: _____